PROVINCE OF SASKATCHEWAN

10-11

PLAN FOR 2010-11

MINISTRY OF HEALTH

MINISTRY PLAN FOR 2010-11

Statement from the Minister

I am pleased to present the Ministry's Plan for the upcoming year which identifies strategies and objectives for the health sector that align with Government's direction for 2010-11.

The Ministry of Health is committed to providing quality health care to the people of Saskatchewan by achieving a responsive, efficient, and patient-centred health care system.

We are enhancing our efforts to improve surgical care, wait times, and diagnostic services. We will continue to recruit and retain health care professionals, increase accessibility to programs and services, promote healthy lifestyles, improve care for seniors, expand mental health and addiction services, and provide better supports for disadvantaged youth and their families.

Our top priority is a health system that puts the patient first and provides the very best heath care possible.

I accept responsibility for furthering Government's commitments while ensuring the Ministry is managed with integrity and professionalism, with a commitment to Government's corporate values and principles. Examining programs and services to ensure the most effective and efficient delivery possible is a key priority for all ministries and an activity that will be reported on as results are achieved.

I will report on the progress made toward this Plan, within the financial parameters provided to my Ministry, in the Ministry's annual report.

The Honourable Don McMorris
Minister of Health

Response to Government Direction

Ministry Plans for 2010-11 align with Government's **vision for a secure and prosperous Saskatchewan, leading the country in economic and population growth, while providing opportunity for a high quality of life for all**. Government's vision, goals and priorities for the upcoming year are described in the *Government Direction for 2010-11: Balanced. Forward-Looking. Responsible.*

Government's plan and Budget for 2010-11 are about finding balance: responsibly managing expenditures, ensuring a solid revenue base, minimizing debt levels, and ensuring everyone can benefit from the province's economic prosperity.

To maintain the province's economic momentum, steps need to be taken to slow the growth in Government expenditures. Direction has been provided to ministries to find ways to improve the effectiveness and efficiency of Government's programs and services and to ensure the best use of public funds. Efforts will focus on responsible financial management and innovative solutions to improve services to the public while reducing Government's overall footprint.

Similar to the Ministry plans presented last year, the Plan for 2010-11 communicates a high-level framework for the Ministry's key activities and identifies how the Ministry works to support Government's goals and priorities.

Mission Statement

The Ministry strives to improve the quality and accessibility of publicly funded and publicly administered health care in Saskatchewan. Through leadership and partnership, Saskatchewan Health is dedicated to achieving a responsive, integrated, and efficient health system that puts the patient first, and enables people to achieve their best possible health by promoting healthy choices and responsible self care.

Strategies and Actions

Government Goal – Security

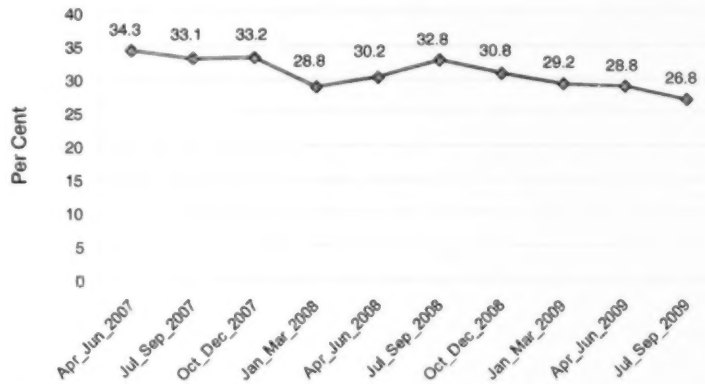
Secure Saskatchewan as a safe place to live and raise a family where people are confident in their future, ensuring the people of Saskatchewan benefit from the growing economy.

Strategy	Key 2010-11 Actions
Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	• Develop and implement a provincial framework for patient- and family-centered care that will serve as an overarching guide for health care service delivery in Saskatchewan. • Develop and implement a Shared Decision Making framework which will inform and engage patients in decisions about their treatment options, including surgical and non-surgical treatments.
Achieve timely access to evidence-based and quality health services	• Develop and implement the Saskatchewan Surgical Initiative (SkSI), a multi-year, system-wide initiative to transform the patient surgical experience and reduce surgical wait times to three months in four years. • The key activities to achieve the goals of SkSI include: ~ increasing surgical volumes to eliminate the surgical backlog; ~ improving access to diagnostic imaging tests; ~ improving safety of surgical patients by implementing surgical checklists and reducing preventable surgical site infections; and, ~ implementing LEAN initiatives across the surgical journey from pre-operation to post-operation and rehabilitation. • Expand the implementation of the colorectal cancer screening program which has been piloted in the Five Hills Health Region, to one or more additional health regions. • Continue to expand the number of drugs covered under the provincial drug plan. • Continue to develop and implement the Mental Health Strategy that brings together health and community workers, community-based organizations, and other stakeholders. • Continue to develop the Seniors' Care Strategy, which will identify and address gaps in the current continuum of care, including home care, community care, and long-term care. • Research and develop a new approach to the delivery of primary healthcare services to achieve the Triple Aim, which focuses on achieving improvements in patient experience, cost, and population health. • Develop a comprehensive response to the Emergency Medical Services (EMS) Review.

Strategy	Key 2010-11 Actions
Continuously improve health care safety in partnership with patients and families	• Regional Health Authorities (RHAs) will develop and implement a board-approved plan for ensuring that their organizations are in compliance with relevant Canadian Standards Association (CSA) and Accreditation Canada standards for infection prevention and control. • Implement a formal medication reconciliation program in compliance with Accreditation Canada standards and consistent with Canada's *Safer Healthcare Now!* campaign to prevent medication errors.
Improve population health through health promotion, protection, and prevention of injuries and disease	• Work with stakeholders to complete a public comprehensive provincial health status report, which will inform the development of strategies to promote, improve, and maintain the health of Saskatchewan residents. • Develop and implement a comprehensive injury prevention strategy for the people of Saskatchewan. • Develop and implement key actions that will enable good nutritional habits and oral hygiene practices for children at-risk of severe tooth decay. Key actions include: ~ development of educational tools for front-line providers; ~ integration of healthy dental programming into early childhood programs; and, ~ focused expansion of activities that deliver dental programming to at-risk populations. • Strengthen provincial efforts to promote wellness and preventative care through education, nutrition, and physical activity. Key actions include: ~ development of a promotion framework for healthy weights; and, ~ development of a provincial implementation plan to support the comprehensive Tobacco Control Strategy, including developing regulations and enforcement procedures for amendments to *The Tobacco Control Act.* • Continue to work with regional and local authorities and First Nations and Métis leaders to ensure these populations are prepared for a future disease or pandemic outbreak. Key actions include: ~ achieve high immunization coverage of vaccines in order to be positioned to mitigate future preventable disease; ~ continue to improve disease surveillance and sharing information; and, ~ maintain appropriate stockpile of supplies using an all hazards approach.
Collaborate with communities, other ministries, and different levels of governments to close the gap in health disparities	• Continue to implement Saskatchewan's plan under the Aboriginal Health Transition Fund to better adapt provincially-delivered services to meet the needs of Aboriginal people. • Continue to build formal partnerships and relationships with organizations, such as the Federation of Saskatchewan Indian Nations, the Métis Nation – Saskatchewan, and the Northern Inter-Tribal Health Authority, to make meaningful changes to provincial health programs and services to better meet the needs of First Nations and Métis people. • Develop a comprehensive three-year HIV/AIDS strategy including improvements in surveillance, clinical management, community support, and harm reduction. • Continue to deliver on our commitment to fund 100 new addiction treatment beds over four years through community-based and First Nations organizations. • Continue to plan for a new addictions agency with advice from the Addictions Advisory Committee regarding what form the agency should take.

Strategy	Key 2010-11 Actions
Improve efficiency and effectiveness of the Ministry's programs and services to demonstrate and achieve system-wide performance improvement	• Implement a management practice of assessment and continuous improvement to ensure a robust, objective, and multi-year assessment function. • Continue to implement LEAN, an approach to improving service and optimizing quality at least cost to meet the needs of the customer, in the Ministry of Health, RHAs, and the Saskatchewan Cancer Agency (SCA). • Expand the implementation of Releasing Time to Care (RTC), a nursing-focused LEAN-based initiative implemented in medical and surgical wards in 2009, to all general medical and surgical units in regional and tertiary hospitals licensed for RTC by March 31, 2012. • Work collaboratively with RHAs and other stakeholders to develop a shared services model that brings financial savings to the province.
Work together to create safe, supportive, and quality workplaces	• Reduce absenteeism (sick leave, wage-driven premium hours, lost-time Workers' Compensation Board (WCB) claims, and lost-time WCB days) through improvements to workplace safety, attendance support, and staff scheduling processes as well as setting regional targets for each area. • Continue to establish and maintain partnerships with First Nations and Métis communities and organizations to effectively attract, recruit, and promote First Nations and Métis employment and participant in RHAs.
Develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers	• Complete the 10-year Health Human Resource plan, which builds on the recruitment and retention initiatives and the Patient First Review. • Continue to implement the Saskatchewan Union of Nurse (SUN)/Provincial Government Partnership Agreement to stabilize the nurse workforce. • In collaboration with the Ministry of Advanced Education, Employment and Labour, add 16 new undergraduate seats (physician training) and 12 new post-graduate seats (residency training) to meet the Government's commitment as part of the Physician Training Strategy. • Implement the Physician Recruitment Strategy announced in May 2009 including: ~ Establishing and operating the Physician Recruitment Agency; ~ Targeted recruitment of the University of Saskatchewan medical students and residents; and, ~ Piloting, evaluating, and implementing a foreign-trained physician assessment program.
Strategically invest in facilities, equipment, and information infrastructure to effectively support the operation of the health system	• Develop a 10-year capital plan focusing on the renewal of healthcare facilities. • Develop, in collaboration with provincial stakeholders, a long-term strategy related to implementation of e-Health initiatives including all facets of the provincial electronic health record.

Performance Measures

Measure	Baseline / Trend Line Information
Per cent of patients rating the hospital where they received their care as the "best possible hospital" (10 out of 10)	

Source: Health Quality Council
Note: Scores have been weighted on provincial discharge numbers

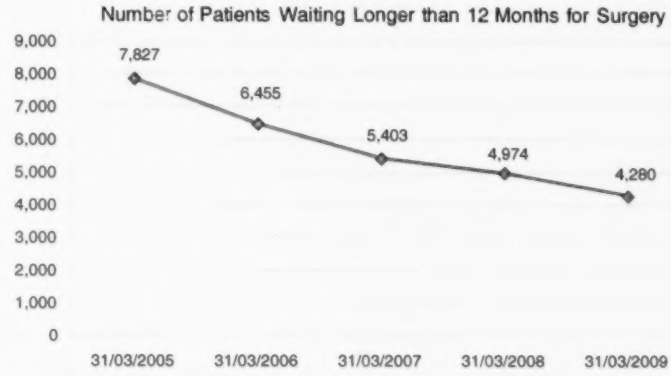
Measure Description

This measure is related to the Ministry's strategy to improve the individual experience by providing exceptional care and service to its customers that is consistent with both best practice and customer expectations. Further, the measure supports the multi-year, system-wide strategy to transform the Patient Surgical Experience, as promised in the 2009 Throne Speech. Data has been collected on this measure since 2007.

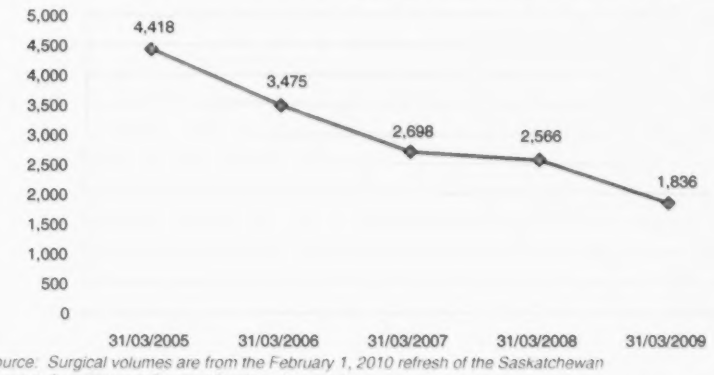
"Best Possible Hospital" is a core quality of care indicator for patient experience in acute care that the Health Quality Council (HQC) monitors and reports on a quarterly basis. This indicator measures the percentage of responses to a single question asking patients to rate the hospital where they received their care on a scale of 0 to 10, where 10 is the highest rating. It is a gloabal measure aimed at indicating how well hospitals perform at meeting patient expectations.

This chart indicates that there is room for improvement in the patient experience. "Improving patient experience" was recognized by the Ministry of Health and the health system as a strategic destination (an ultimate goal) that they need to focus on. In 2010-11, various initiatives, such as the Saskatchewan Surgical Initiative, development of a provincial framework for patient-and family-centered care, and patient safety initiatives will be undertaken to improve the patient experience.

Measure	Baseline / Trend Line Information
Surgery wait times	



Source: Surgical volumes are from the February 1, 2010 refresh of the Saskatchewan Surgical Care Network Surgical Registry data mart.
Note: Numbers may differ from previously reported values due to additions and corrections to the registry.



Source: Surgical volumes are from the February 1, 2010 refresh of the Saskatchewan Surgical Care Network Surgical Registry data mart.
Note: Numbers may differ from previously reported values due to additions and corrections to the registry.

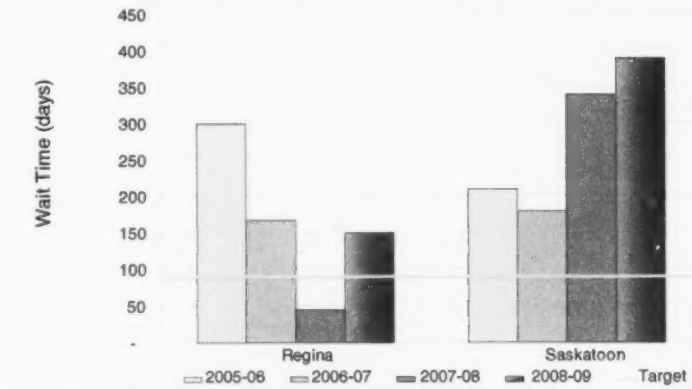
Measure Description

This measure is related to the Ministry's strategy to achieve timely access to evidence-based and quality health services and supports. Further, this measure supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months in four years, as promised in the 2009 Throne Speech. This measure is important to the Ministry because it helps to assess the length of time patients are waiting, and the number of patients impacted. The target for the first year of the surgical initiative is zero per cent of patients waiting over 18 months for surgery.

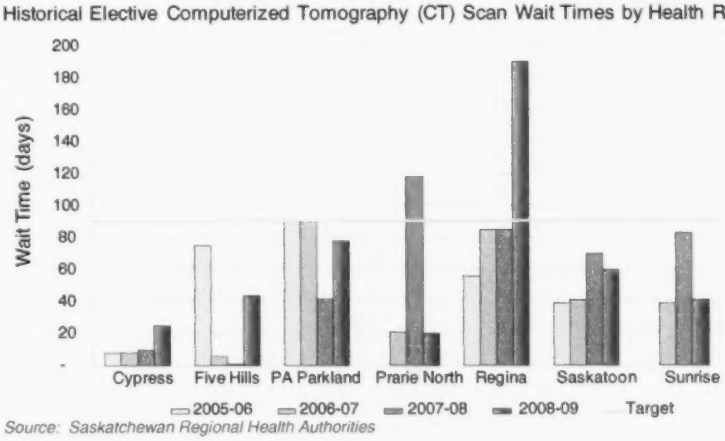
The Ministry is working with the RHAs, physicians, and other key players to develop and implement a multi-year, system-wide strategy that will continue to support existing initiatives and develop new system-wide improvements. Where resources are available, the Ministry is able to strategically increase capacity and impact patient waits.

The number of patients waiting longer than 12 and 18 months has decreased since 2005. Surgical volumes are obtained from the Saskatchewan Surgical Care Network (SSCN) Surgical registry, which is updated monthly.

Measure	Baseline / Trend Line Information
Diagnostic wait times	



Source: Regina Qu'Appelle Health Region and Saskatoon Health Region



Source: Saskatchewan Regional Health Authorities

Measure Description

These measures are related to the Ministry's strategy to achieve timely access to evidence-based and quality health services and supports, and it also supports the multi-year, system-wide strategy to transform the patient surgical experience and reduce surgical wait times to three months in four years, as promised in the 2009 Throne Speech.

Performing both Magnetic Resonance Imagining (MRI) and Computed Tomography (CT) scans assists specialists in diagnosing patients and choosing appropriate treatment. A patient's priority to receive an MRI or CT scan is determined by the patient's physician and the radiologist based on the same provincial Urgency Classification System (see information on following page).

The data provided shows maximum estimated wait time for an elective patient requiring a MRI or a CT Scan on March 31 of 2006, 2007, 2008, and 2009, as reported by the regional health authorities to the Ministry of Health. The target time for a patient to receive an elective MRI or CT scan procedure is within 90 days.

Continued on Pg 9

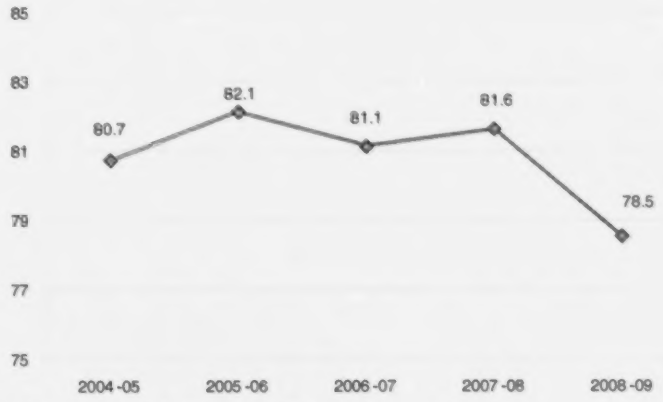
Continued from Pg 8

Referrals for these two diagnostic imaging tests have been increasing with a corresponding increase in wait time.

The Ministry is working with the RHAs, physicians, and other key players to develop and implement a multi-year, system-wide strategy that will continue to support existing initiatives and develop new system-wide improvements.

The above wait times for MRI and CT scans are estimated wait times based on the longest wait time expected within each urgency level, calculated on the last day of each month. The RHAs give an estimate of the maximum wait time (in days), rather than an average wait time. Generally, very few patients will wait longer than the reported wait time.

URGENCY CLASSIFICATIONS:
Level 1 - Emergency - Targeted time frame: 0 - 24 hours (Level 1 wait times are defined as emergent, and services are provided within 24 hours of request, thus wait times for this urgency level are not reported in the above table. Strokes and unconscious patients in emergency are examples of level 1 exams).
Level 2 - Urgent - Targeted time frame: 2 - 7 days
Level 3 - Semi-Urgent - Targeted time frame: 8 - 30 days
Level 4 - Elective - Targeted time frame: 30 - 90 days

Measure	Baseline / Trend Line Information
Hospital standardized mortality ratio (HSMR) for all Saskatchewan hospitals	

Date source: Canadian Institute for Health Information (CIHI)

Measure Description

This measure is related to the Ministry's strategy to continuously improve health care safety in partnership with patients and families.

The hospital standardized mortality ratio (HSMR) is used to inform practice and improve patient care. The HSMR takes into account several factors which may affect in-hospital mortality rates (for example: age, main diagnosis, etc.) and compares the number of actual deaths in a hospital with the expected number of deaths. The expected number is based on the average number of deaths in acute-care hospitals across the country, adjusting for differences in the types of patients a hospital sees.

The HSMR is an analytical tool to assist health care organizations in examining their overall mortality rates and provides a baseline for understanding trends in hospital mortality, which all help to identify future areas of improvement.

In November 2007, the Canadian Institute for Health Information (CIHI) published the first ever report of Hospital Standardized Mortality Ratios for Canadian hospitals. CIHI is publicly releasing updates of this measure each year (see http://secure.cihi.ca).

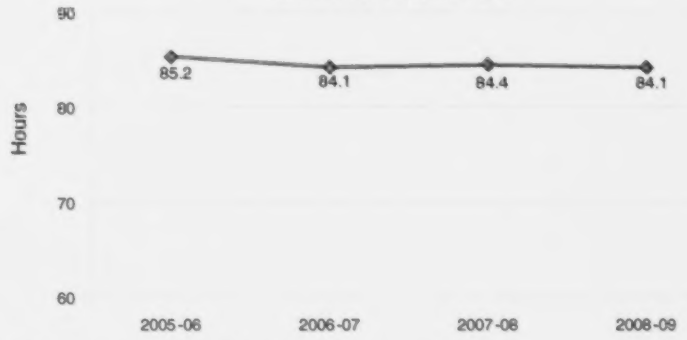
This measure presents the HSMR for all hospitals in the Province of Saskatchewan using CIHI's methodology. (see http://secure.cihi.ca) for detailed technical notes.

HSMR is calculated as the ratio of actual (observed) deaths to expected deaths, multiplied by 100. A ratio equal to 100 suggests that there is no difference between a local mortality rate and the average national experience, given the types of patients cared for. An HSMR greater or less than 100 suggests that a local mortality rate is higher or lower than the national average.

An aggregated HSMR for all Saskatchewan hospitals during the period between 2004-05 and 2008-09 have been under 100, indicating that Saskatchewan hospitals have been performing better than the national average. In 2008-09, an aggregated HSMR dropped to 78.5 or approximately three percentage points from the previous fiscal year. As reflected in the Ministry Plan, the Ministry of Health, the health regions, and the SCA will continue to improve health care safety through implementing safety standards and will continue to monitor HSMR for Saskatchewan hospitals.

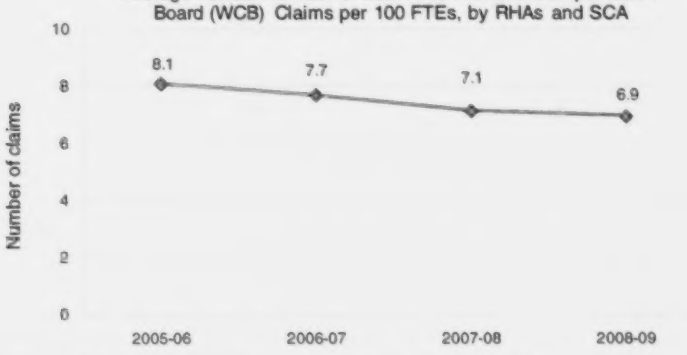
Measure	Baseline / Trend Line Information
Attendance support	

Average Annual Number of Sick Leave Hours per 100 Full Time Equivalent (FTEs), by RHAs



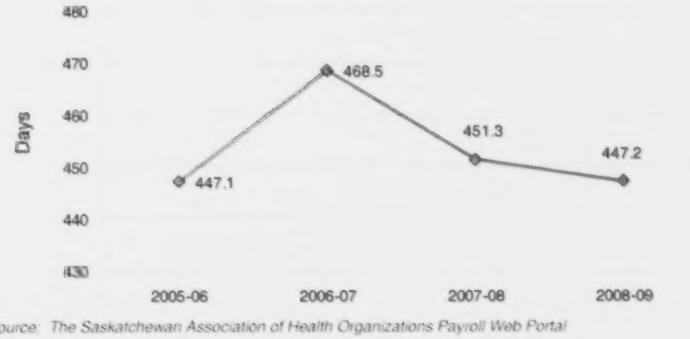
Source: Saskatchewan Association of Health Organizations Payroll Web Portal

Average Annual Number of Lost Time Workers' Compensation Board (WCB) Claims per 100 FTEs, by RHAs and SCA

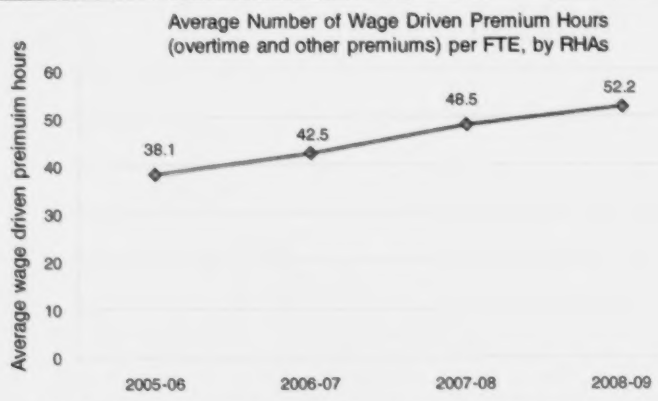


Source: The Saskatchewan Association of Health Organizations Payroll Web Portal

Average Annual Number of Lost Time WCB Days per 100 FTEs, by RHAs and SCA



Source: The Saskatchewan Association of Health Organizations Payroll Web Portal

Measure	Baseline / Trend Line Information
Attendance support	

Source: The Saskatchewan Association of Health Organizations Payroll Web Portal

Measure Description

The attendance support performance measures, including sick leave hours, lost-time WCB claims and days, and wage-driven premium hours, are related to the Ministry's strategy to work together to create safe, supportive, and quality work places. These measures reflect the attendance of RHA and SCA employees.

Sick Leave Hours

Work absence is the failure of employees to report for work when they are scheduled to work. Absence as a result of illness or injury (sick leave) is often used as a proxy measure for a healthy workplace. In the 2000 Canadian Labour and Business Centre Leadership Survey, business leaders and trade unions identified low absenteeism rates/high morale among the top five indicators of a healthy workplace. Absenteeism is one of the five "Quality of Work-life Indicators" identified by the Canadian Council on Health Services Accreditation (2002); however, how CCHSA is defining absenteeism is to be determined.

Due to the nature of the health care business, which often requires employers to replace absent workers to ensure safe patient care, a reduction in sick leave has the potential to reduce the cost of providing health services.

Statistics Canada Labour Force Survey indicates that those in health occupations are more likely than those in other sectors to miss work due to illness or disability. Professional nurses, who comprise the largest professional group of the health workforce in Saskatchewan, have the highest rate of absences of any occupation.

Absence from scheduled work is a "lagging" indicator and reflects the cumulative impact of a wide range of workplace problems including psychological stress, low staff morale, and employee dissatisfaction. Work absence correlates closely with turnover, and therefore becomes an early warning of retention issues. It can also affect the morale of the employees who come to work every day (Fitzenz and Davison 1995). Addressing its root causes could contribute significantly to employee quality of life and the health care system's overall efficiency and cost-effectiveness.

The measure shows that the average sick leave hours paid to full-time equivalents (FTEs) decreased to 84.1 hours in 2008-09, approximately a one hour or 1.2 per cent decrease, compared to 85.2 hours in 2005-06. However, sick leave hours have remained at relatively the same level since 2005-06.

Continued on Pg 13

Continued from Pg 12

Lost time WCB claims and lost time WCB days

The provincial healthcare industry pays insurance premiums to the Saskatchewan Workers' Compensation Board (WCB) due to time loss claims. The Saskatchewan Provincial Auditor has recommended that RHAs set targets for reducing work-related injuries.

Businesses that take the initiative to prevent workplace injuries have lower injury rates than competitors who have not. These organizations have implemented effective safety management systems not just because of concern for their employees or for legal compliance but because they understand that superior health and safety results lead to:

- lower costs;
- improved employee relations and employee trust;
- improved reliability and productivity;
- improved protection from business interruption;
- increased public trust and improved public image; and,
- increased organizational capability.

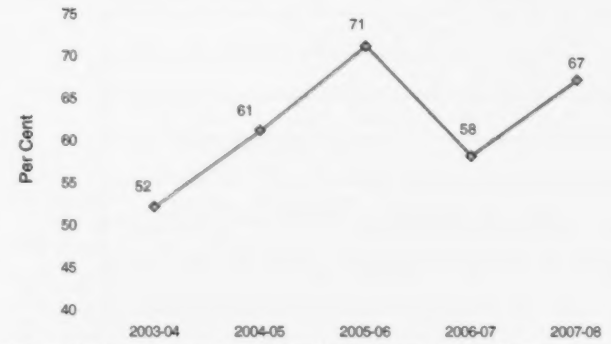
In 2008-09, 6.9 per cent of Saskatchewan's health sector workers had injuries that resulted in time away from work. This was down from 7.1 per cent in 2007-08 and 7.7 per cent in 2005-06. Back and shoulder injuries were the most common injury claims. Employers are legally responsible for workplace safety; however, individuals must also do their part to keep themselves, their co-workers, and their patients safe. The health sector has been making a determined effort in recent years to increase its capacity to comply with existing Occupational Health and Safety regulations. The time loss injury rate in healthcare has seen a decline of 13 per cent since 2003. Health employers have confirmed a commitment to reducing the number of workplace injuries.

Wage driven premium hours

Overtime hours continue to be a matter of concern for RHAs, the SCA, and the Ministry of Health. The measure shows that average wage driven premium hours have increased over time during 2005-06 and 2008-09. In 2008-09, overtime hours increased to 52.2 per paid FTE, a 37 per cent increase since 2005-06. The Ministery of Health does not directly (or explicitly) fund overtime hours so organizations have to reallocate funds to cover it. Overtime hours tend to increase during periods of peak utilization and can be closely correlated with sick time being recorded by organizations – as sick time goes up and the available pool of employees diminishes, managers are forced to bring staff in and keep staff on in overtime situations. Not only is this financially problematic, the pressure on employees to maintain a high standard of care and service is taxed by continual overtime hours.

Overtime hours can also be associated with understaffed areas or professions and positions that have typically been hard to recruit or retain employees.

Overtime, like absenteeism and high-levels of WCB claims, may be indicative of a wide range of workplace problems. If problems are not addressed, it is unlikely that the rate of wage driven premium hours will improve. As part of attendance support, the Ministry of Health is working together with RHAs and SCA to address the issues of absenteeism and wage driven premium hours resulting from sick leaves and workplace injuries through improvements to workplace safety, time management, and staff scheduling processes. In addition, the Ministry of Health has set regional targets for each of these measures to ensure regional co-operation on meeting these targets.

Measure	Baseline / Trend Line Information
Per cent of University of Saskatchewan medical graduates establishing practices in Saskatchewan	

Source: 2008-09 Annual Statistical Report, Medical Services Branch, Ministry of Health
Note: All Physicians are defined as "post-graduate physicians funded by the Ministry, who are licensed to practice in Saskatchewan within six months of completing their residency training program".

Measure Description
This measure is related to the Ministry's strategy to develop a highly skilled, professional, and diverse workforce with a sufficient number and mix of service providers.

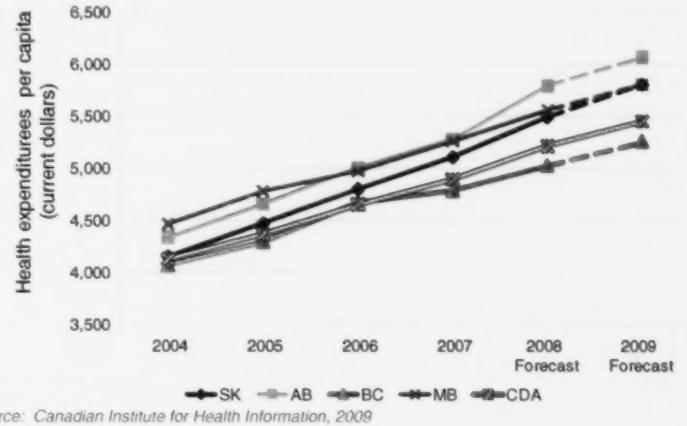
The College of Medicine at the University of Saskatchewan (U of S) is the sole source of locally-trained physicians in the province. Therefore, retention of its medical graduates is critical in addressing the physician supply issue into the future. The retention rate is defined as graduates who, six months after graduation, have been registered by the College of Physicians and Surgeons of Saskatchewan and are practising in the province. Medical students typically graduate in June. Therefore, retention rates typically examine how many of those graduates are registered and practising in the province as of December of that year.

The retention rate of U of S medical graduates is compiled annually by the Medical Services Branch (MSB) and published in Table 33 of MSB's Annual Statistical Report. The source of the data comes from the College of Medicine and the College of Physicians and Surgeons of Saskatchewan.

As shown in the measure the physician post-graduate retention rate has fluctuated during the period between 2003-04 and 2007-08. After reaching 71 per cent in 2005-06, the physician post-graduate retention rate dropped to 58 per cent in 2006-07, but increased back to 67 per cent in 2007-08. The target for this performance indicator is to increase the number of U of S medical graduates establishing practices in Saskatchewan by 10 per cent by 2013 compared to the 2006-07 baseline data. In order to achieve this target and to recruit and retain physicians, the Ministry of Health has launched the Physician Recruitment Strategy. This strategy sets out clear objectives and builds on a number of programs already underway, including the provincial Physician Recruitment Agency, enhancement of medical training to prepare graduates to practice in rural Saskatchewan, and a marketing campaign aimed at expatriate physicians and U of S medical students. The marketing campaign includes a component whereby U of S students serve as ambassadors among their peers, promoting the benefits of practising medicine in Saskatchewan. The campaign also includes popular social media networking such as Facebook, YouTube and Twitter to sell Saskatchewan medical students and physicians on the benefits of staying in Saskatchewan.

When the Physician Recruitment Strategy was announced in May 2009, the Ministry was retaining 58 per cent of the U of S graduates. The most recent annual statistics indicate that retention has improved to 67 per cent. Health believes this campaign will assist in exceeding this current retention rate.

In addition, Government is committed to increasing the enrolment at the College of Medicine by 40 new undergraduate seats and adding 60 residency seats. The Province is on track to ensure that the College of Medicine has 100 undergraduate seats and 120 residency positions by 2011. Since August 2007, 24 new undergraduate seats and 48 residency seats have been added. By increasing the number of seats it is hoped that more Saskatchewan residents will graduate and practise in Saskatchewan.

Measure	Baseline / Trend Line Information
Total provincial government health expenditures per capita, western provinces and Canada	

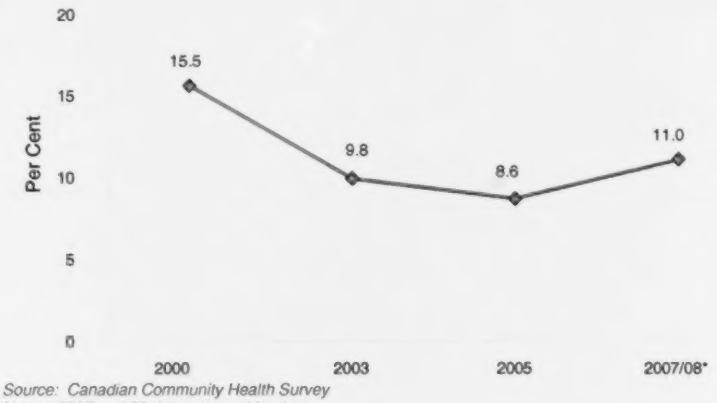
Source: Canadian Institute for Health Information, 2009

Measure Description

This measure is related to the Ministry's strategy to improve the efficiency and effectiveness of the Ministry's programs and services to demonstrate and achieve system-wide performance improvement.

Health expenditures per capita measures overall sustainability of the health system. As evidenced by the chart, spending on healthcare in the western provinces and Canada has increased over time, outpacing growth in other government program spending. Further, the trend is expected to continue given the aging population and an increase in demand for new technology and treatments, which is a concern for the sustainability of the healthcare system in the near future.

The rate of increase in total health expenditures per capita is expected to drop to 5.8 per cent in 2009 from 7.8 per cent in 2008 (or 1.8 percentage points lower than 2008). The rate of increase, however, has surpassed the national average. The Government of Saskatchewan is looking into ways to deliver healthcare services more efficiently while improving quality of care provided by the health system. The Ministry of Health has implemented LEAN, a quality improvement approach that empowers employees to innovate and eliminate work processes that do not produce immediate value to patients, families, residents, clients or those with whom we collaborate to provide services. The Ministry continues to support the adoption of LEAN practices within the Ministry and is partnering with RHAs and the SCA to coordinate a province-wide adoption of LEAN.

Measure	Baseline / Trend Line Information
Per cent of daily youth (12-19 years of age) smokers in Saskatchewan	

Source: Canadian Community Health Survey
*Note: * 2007 and 08 data are combined.*

Measure Description
This measure is related to the Ministry's strategy to improve population health through health promotion, protection, and disease prevention.

The Canadian Community Health Survey (CCHS) conducted by Statistics Canada provides information related to health status, including provincial data on the percentage of daily youth (12-19 years of age) who smoke. Tobacco use is the leading cause of preventable illness and death in Canada and this measure is an indicator of the health of the population. Because of the addictive nature of nicotine, it is necessary to develop prevention and promotion strategies that deter youth from beginning to smoke. Since 2000, the percentage of daily youth smokers (12-19 years of age) in Saskatchewan has dropped by approximately five percentage points. The Ministry of Health, RHAs, Health Canada, community-based organizations, professional associations, and the public all play a role in changing smoking behaviour. Monitoring the trend in youth smokers is a long-term measure and changing personal behaviour is often a lengthy process and is affected by factors outside the influence of the Ministry.

Although tobacco-use rates have begun to stabilize in the province over the last two to three years, those rates are still high. Last fall, the Government took significant steps to protect the health of Saskatchewan residents, particularly our children and young people, by introducing new legislation and a comprehensive new strategy to further reduce tobacco use in the province.

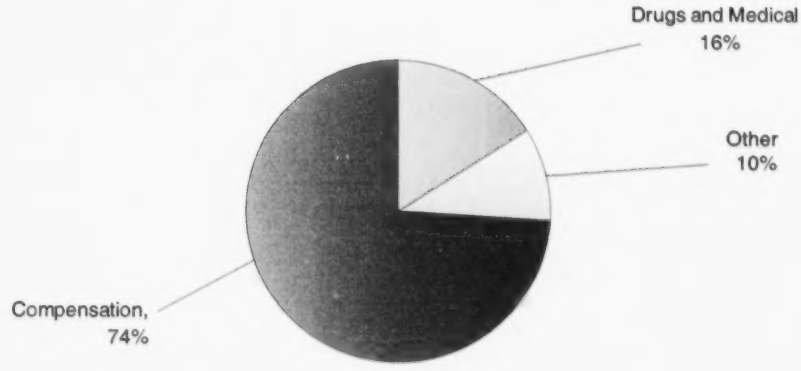
Financial Summary

Highlights of Appropriation and Expense 2010-11

2010-11 Estimates	(in thousands of dollars)
Central Management and Services	15,389
Regional Health Services	2,906,745
Provincial Health Services	182,930
Medical Services and Medical Education Programs	703,420
Drug Plan and Extended Benefits	382,658
Early Childhood Development	10,608
Provincial Infrastructure Projects	250
Ministry Appropriation	**4,202,000**
Capital Asset Acquisitions	(1,476)
Capital Asset Amortization	1,582
Ministry Expense	**4,202,106**
FTE	**636.6**

For more information, see the Budget Estimates at: http://www.finance.gov.sk.ca/budget/2010-11

Health's 2010-11 Expense Budget by Cost Type



HIGHLIGHTS

The following are key Ministry of Health investments for the 2010-11 fiscal year:

- $10.5 million towards transforming the surgical experience for Saskatchewan residents and ensuring that in four years no one waits more than three months for their surgery.
- A further investment of $7 million will create a new Patient First Initiatives Fund to support the adoption of a patient and family-centred approach in the health system.
- Significant investments in recruiting and retaining physicians, including the establishment of the Physician Recruitment Agency. $6.6 million will be provided to continue medical education system enhancements including physician training seat expansion, with 12 new post-graduate seats. This fulfills Government's commitment to fund 120 residency seats.
- A significant increase to the Saskatchewan Cancer Agency (SCA) for cancer drugs and services.
- Investments have also been made to ensure vulnerable people get the care they need. This includes:
  - new funding to enhance autism services;
  - new funding to increase cardiac care volumes including expansion of electrophysiology services in the province;
  - funding increase for the Irene and Leslie Dubé Centre for Mental Health;
  - new funding for kidney disease and hemodialysis volume increases; and,
  - new funding to continue infant, pre-school vaccinations, and seasonal influenza immunization.
- Regional Health Authorities (RHAs), which provide most of the health services in Saskatchewan, will receive $2.6 billion, an increase of $123 million or 5.0 per cent over the last fiscal year. RHAs and the SCA have been asked to find $35 million in administrative savings and to reduce costs and improve efficiencies through increased use of shared services and bulk purchasing. These savings will also be realized through targets to reduce their operating costs through lost time due to injuries, "premium" pay, and reduced employee sick time.

In 2010-11, the Ministry of Health will also:

- Develop a provincial framework for patient- and family-centered care, which will serve as an overarching guide for healthcare service delivery in Saskatchewan.
- Develop a provincial Seniors' Care Strategy that will identify and address gaps in the current continuum of care.
- Continue to develop and implement policies and standards to improve the safety of patients, including the infection prevention and control standards developed by Accreditation Canada (e.g. hand washing, equipment sterilization, etc.).
- Re-establish an independent provincial addictions agency, which will measure the results of addiction programs in the province, coordinate education campaigns about the dangers of drugs, and alcohol and oversee fetal alcohol spectrum disorders initiatives.

For More Information

Please visit the Ministry's website at **www.health.gov.sk.ca** for more information or call 1-800-667-7766.